

**West Los Angeles United Methodist Church VBS**  
**Monday through Friday, July 16-20, 2018 • 10:00 am to 1:30 pm**  
 (Includes snack & light lunch)



## PARTICIPANT REGISTRATION FORM

**Priority Registration Deadline: Sunday, May 27 (Discount Fee!)**  
**Registration Closes Sunday, June 15 (earlier if spaces are filled)**

Please return 1. Registration Form, 2. Medical/Release Form, and 3. Check made payable to "West Los Angeles United Methodist Church" to:

**WLAUMC-VBS, 1913 Purdue Avenue, Los Angeles CA 90025**  
**310-479-1379 westlaumc@gmail.com**

### PARENT/GUARDIAN CONTACT INFORMATION

Parent First/Last Name(s): \_\_\_\_\_

Mailing Address (Street, City, ZIP): \_\_\_\_\_

Mother/Guardian Cell: (\_\_\_\_\_) \_\_\_\_\_ Father/Guardian Cell: (\_\_\_\_\_) \_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_ Father/Guardian Email: \_\_\_\_\_

***We will provide confirmation and follow-up information via email.***

### CHILDREN TO BE ENROLLED (Age 3 and potty trained through those entering Grade 5 in Sept. 2018)

First and Last Name (Preferred name for nametag)	Date of Birth (Age on 7/16/2018)	Grade in Fall 2018	T-Shirt Size (Child S, M, L; Adult S,M,L)

### FEES

First Child	\$35/week (on or before May 27)	\$45/week (after May 28)	\$ _____
Second Child	\$25/week (on or before May 27)	\$35/week (after May 28)	\$ _____
Additional Children	\$20/week (on or before May 27)	\$25/week (after May 28)	\$ _____
<b>TOTAL ENCLOSED:</b>			<b>\$ _____</b>

### VBS OPPORTUNITIES FOR OTHER FAMILY MEMBERS – RSVP

Mark your calendars and let us know if you are able to participate.

I would like to volunteer in a classroom, kitchen, other: _____ Which days would you be available to volunteer?	___ Yes ___ Not at this time ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
Friday, July 20, Family Fellowship Lunch Program, 12:30-1:30 pm. Children, families, and volunteers share lunch together.	___ Yes ___ Unable to attend
Sunday, July 22, Worship Service, 9:30 am (arrive by 9:00 am). Children and youth will share their songs with the congregation.	___ Yes ___ Unable to attend

#### For Office Use:

Date Received: \_\_\_\_\_ Fees Paid: \_\_\_\_\_

Medical/Release Form Received: \_\_\_\_\_ Other: \_\_\_\_\_